

FOR OFFICE USE ONLY:		DATE OF ASSESSMENT:	
PREPARED BY:		DATE OF SIGN UP:	
BANKRUPTCY/PROPOSAL:		PAYMENTS:	
CONSUMER/ORDINARY:		REFERRAL SOURCE:	
SERVICE LOCATION		JOINT FILING (YES/NO):	

APPLICANT'S LAST NAME:	SPOUSE'S LAST NAME:
GIVEN NAMES: (AS THEY APPEAR ON YOUR BIRTH CERTIFICATE)	GIVEN NAMES: (AS THEY APPEAR ON YOUR BIRTH CERTIFICATE)
A.K.A.:	A.K.A.:
SIN:	SIN:
DATE OF BIRTH: (DD/MM/YYYY)	DATE OF BIRTH: (DD/MM/YYYY)
GENDER:	GENDER:
MARTIAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common-Law Marital Status Changes as of: (MM/YY) _____ (Specify Month & Year of Event if it occurred in the last five years)	MARTIAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common-Law Marital Status Changes as of: (MM/YY) _____ (Specify Month & Year of Event if it occurred in the last five years)
HOME ADDRESS: _____ _____ _____	HOME ADDRESS: _____ _____ _____
TOWNSHIP/ COUNTY: _____ AT THIS ADDRESS SINCE (MM/YY): _____	TOWNSHIP/ COUNTY: _____ AT THIS ADDRESS SINCE (MM/YY): _____
HOME PHONE:	HOME PHONE:
WORK PHONE:	WORK PHONE:
CELL PHONE:	CELL PHONE:
EMAIL:	EMAIL:
EMPLOYER:	EMPLOYER:
JOB TITLE:	JOB TITLE:
HIGHEST EDUCATION LEVEL COMPLETED: <input type="checkbox"/> 0-8 years <input type="checkbox"/> Some Post Secondary <input type="checkbox"/> Some High School <input type="checkbox"/> Post Secondary Diploma <input type="checkbox"/> High School Graduate <input type="checkbox"/> University Degree	HIGHEST EDUCATION LEVEL COMPLETED: <input type="checkbox"/> 0-8 years <input type="checkbox"/> Some Post Secondary <input type="checkbox"/> Some High School <input type="checkbox"/> Post Secondary Diploma <input type="checkbox"/> High School Graduate <input type="checkbox"/> University Degree

NUMBER OF DEPENDANTS: _____	NUMBER OF PERSONS 17 YEARS OF AGE OR LESS: _____		
NUMBER OF PERSONS IN HOUSEHOLD FAMILY UNIT INCLUDING THE APPLICANT: _____			
NAME OF DEPENDANT:	AGE:	DATE OF BIRTH (MM/DD/YYYY):	RELATIONSHIP:

ASSETS					
DESCRIPTION	VALUE (APPLICANT)	VALUE (SPOUSE)	EXEMPT?	ENC. BY:	COMMENTS
CASH					
HOUSEHOLD / FURNITURE EFFECTS					
JEWELLERY / PERSONAL EFFECTS					
C.S.V. OF INSURANCE POLICIES (SUBMIT COPIES)					
R.R.S.P.'S / RRIF / LIRA (SUBMIT COPIES)					
RESP'S (SUBMIT COPIES)					
SHARES / BONDS / INVESTMENTS					
HOUSE/ LAND / COTTAGE / OTHER (SUBMIT COPIES) Description: Title Holder: Secured Creditor's:					
PENDING SETTLEMENTS: Lawsuits, WSIB, Other Description: Comments:					
MOTOR VEHICLES: Year Make Model					
MOTOR VEHICLES: Year Make Model					
SNOWMOBILE / MOTORCYCLE / BOAT Year Make Model					
TRAILER / CAMPER / ATV Year Make Model					
TAX REFUND					
BUSINESS ASSETS / ACCOUNTS RECEIVABLE					
TOOLS					
OTHER					

REASONS FOR FINANCIAL DIFFICULTY (Please Check All That Apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Over extension of credit | <input type="checkbox"/> Inconsistent employment | <input type="checkbox"/> Mismanagement of finances |
| <input type="checkbox"/> Reduction in income | <input type="checkbox"/> Job-loss | <input type="checkbox"/> Marital Separation/ relationship breakdown |
| <input type="checkbox"/> Medical related issues | <input type="checkbox"/> Gambling | <input type="checkbox"/> Insolvency of co-signor |
| <input type="checkbox"/> Other (specify) | | |

Describe In Your Own Words Why You Need Financial Help:

DEBTS (COMPLETE A FULL LIST OF ALL CREDITORS THAT YOU OWE INCLUDING THE NAME, ACCOUNT NUMBER AND FULL ADDRESS FOR EACH CREDITOR AND ATTACH LAST BILL OR STATEMENT FROM EACH CREDITOR IF AVAILABLE)

	BALANCE			DEBT TYPE	
	APPLICANT	SPOUSE	JOINT	BUSINESS	
1. CREDITOR:					
ACCOUNT #:				<input type="checkbox"/> Y <input type="checkbox"/> N	
SECURED BY:					
STREET ADDRESS:					
CITY:					POSTAL CODE:
2. CREDITOR:					
ACCOUNT #:				<input type="checkbox"/> Y <input type="checkbox"/> N	
SECURED BY:					
STREET ADDRESS:					
CITY:					POSTAL CODE:
3. CREDITOR:					
ACCOUNT #:				<input type="checkbox"/> Y <input type="checkbox"/> N	
SECURED BY:					
STREET ADDRESS:					
CITY:					POSTAL CODE:
4. CREDITOR:					
ACCOUNT #:				<input type="checkbox"/> Y <input type="checkbox"/> N	
SECURED BY:					
STREET ADDRESS:					
CITY:					POSTAL CODE:
5. CREDITOR:					
ACCOUNT #:				<input type="checkbox"/> Y <input type="checkbox"/> N	
SECURED BY:					
STREET ADDRESS:					
CITY:					POSTAL CODE:
6. CREDITOR:					
ACCOUNT #:				<input type="checkbox"/> Y <input type="checkbox"/> N	
SECURED BY:					
STREET ADDRESS:					
CITY:					POSTAL CODE:

7. CREDITOR:	APPLICANT	SPOUSE	JOINT	BUSINESS	
ACCOUNT #:				<input type="checkbox"/> Y <input type="checkbox"/> N	
SECURED BY:					
STREET ADDRESS:					
CITY:					POSTAL CODE:
8. CREDITOR:	APPLICANT	SPOUSE	JOINT	BUSINESS	
ACCOUNT #:				<input type="checkbox"/> Y <input type="checkbox"/> N	
SECURED BY:					
STREET ADDRESS:					
CITY:					POSTAL CODE:
9. CREDITOR:	APPLICANT	SPOUSE	JOINT	BUSINESS	
ACCOUNT #:				<input type="checkbox"/> Y <input type="checkbox"/> N	
SECURED BY:					
STREET ADDRESS:					
CITY:					POSTAL CODE:
10. CREDITOR:	APPLICANT	SPOUSE	JOINT	BUSINESS	
ACCOUNT #:				<input type="checkbox"/> Y <input type="checkbox"/> N	
SECURED BY:					
STREET ADDRESS:					
CITY:					POSTAL CODE:
11. CREDITOR:	APPLICANT	SPOUSE	JOINT	BUSINESS	
ACCOUNT #:				<input type="checkbox"/> Y <input type="checkbox"/> N	
SECURED BY:					
STREET ADDRESS:					
CITY:					POSTAL CODE:
12. CREDITOR:	APPLICANT	SPOUSE	JOINT	BUSINESS	
ACCOUNT #:				<input type="checkbox"/> Y <input type="checkbox"/> N	
SECURED BY:					
STREET ADDRESS:					
CITY:					POSTAL CODE:
13. CREDITOR:	APPLICANT	SPOUSE	JOINT	BUSINESS	
ACCOUNT #:				<input type="checkbox"/> Y <input type="checkbox"/> N	
SECURED BY:					
STREET ADDRESS:					
CITY:					POSTAL CODE:
14. CREDITOR:	APPLICANT	SPOUSE	JOINT	BUSINESS	
ACCOUNT #:				<input type="checkbox"/> Y <input type="checkbox"/> N	
SECURED BY:					
STREET ADDRESS:					
CITY:					POSTAL CODE:
15. CREDITOR:	APPLICANT	SPOUSE	JOINT	BUSINESS	
ACCOUNT #:				<input type="checkbox"/> Y <input type="checkbox"/> N	
SECURED BY:					
STREET ADDRESS:					
CITY:					POSTAL CODE:

APPLICANT: Have you Co-Signed or Guaranteed any Loans

No Yes

LENDER'S NAME:	BORROWER'S NAME:
LENDER'S ADDRESS:	BORROWER'S ADDRESS:
BUSINESS OR PERSONAL DEBT?	IS THE BORROWER BANKRUPT?
TYPE OF BUSINESS:	\$ AMOUNT CO-SIGNED FOR:

SPOUSE: Have you Co-Signed or Guaranteed any Loans

No Yes

LENDER'S NAME:	BORROWER'S NAME:
LENDER'S ADDRESS:	BORROWER'S ADDRESS:
BUSINESS OR PERSONAL DEBT?	IS THE BORROWER BANKRUPT?
TYPE OF BUSINESS:	\$ AMOUNT CO-SIGNED FOR:

DO YOU HAVE ANY DEBTS ARISING FROM:

	APPLICANT	SPOUSE
FINE OR PENALTY IMPOSED BY COURT? (INCLUDING ASSAULT)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
RECOGNIZANCE OR BAIL BOND?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
ALIMONY?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
MAINTENANCE OF AFFILIATION ORDER?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
MAINTENANCE OF SUPPORT OF SEPARATED FAMILY?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
FRAUD?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
EMBEZZLEMENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
MISAPPROPRIATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
DEFALCATION WHILE ACTING IN A FIDUCIARY CAPACITY?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
PROPERTY OR SERVICES OBTAINED BY FALSE MEANS/FRAUD?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
STUDENT LOANS OUTSTANDING (INDICATE LAST DAY OF PROGRAM)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

PLEASE PROVIDE DETAILS: _____

PREVIOUS BANKRUPTCY OR CONSUMER PROPOSAL

Applicant: Yes No

Spouse: Yes No

TRUSTEE NAME:	TRUSTEE NAME:
BANKRUPTCY DATE:	BANKRUPTCY DATE:
BANKRUPT DISCHARGE DATE:	BANKRUPT DISCHARGE DATE:
PROPOSAL DATE:	PROPOSAL DATE:
RESULT OF PROPOSAL:	RESULT OF PROPOSAL:
PLACE FILED:	PLACE FILED:
ESTATE #:	ESTATE #:

QUESTIONS

IN THE LAST TWELVE MONTHS HAVE YOU OR YOUR SPOUSE (IF FILING) (IF YES GIVE FULL DETAILS)	APPLICANT	SPOUSE
SOLD, DISPOSED OF/TRANSFERRED ANY ASSETS, CASHED RRSP'S OR CHANGED THE NAME BENEFICIARY ON A LIFE INSURANCE POLICY? PROVIDE DETAILS:	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
MADE PAYMENTS IN EXCESS OF REGULAR PAYMENTS TO ANY CREDITOR? DETAILS:	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
HAD ANY ASSETS SEIZED OR GARNISHED BY ANY CREDITOR (ie car, house)? DETAILS:	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

IN THE LAST FIVE YEARS HAVE YOU OR YOUR SPOUSE (IF FILING) (IF YES GIVE FULL DETAILS)	APPLICANT	SPOUSE
SOLD/ DISPOSED OR TRANSFERRED ANY REAL ESTATE OR OTHER ASSETS? DETAILS:	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
MADE GIFTS TO RELATIVES OVER \$500.00? DETAILS:	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

IN THE NEXT TWELVE MONTHS DO YOU OR YOUR SPOUSE (IF FILING)	APPLICANT	SPOUSE
EXPECT TO RECEIVE ANY SUMS OF MONEY WHICH ARE NOT RELATED TO YOUR NORMAL INCOME, OR ANY OTHER PROPERTY (ie INHERITANCE, MONIES OR PROPERTY FROM CIVIL LITIGATION)? DETAILS:	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

HAVE YOU BEEN OR ARE YOU INVOLVED IN CIVIL LITIGATION FROM WHICH YOU MAY RECEIVE MONIES OR PROPERTY?	APPLICANT	SPOUSE
DETAILS	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

HAVE YOU MADE ARRANGEMENTS TO CONTINUE TO PAY ANY CREDITORS AFTER FILING?	APPLICANT	SPOUSE
DETAILS	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

Employment Information Applicant:Are you currently employed? Yes No

Current Occupation:

PLEASE LIST ALL EMPLOYERS FOR THE PAST TWO YEARS

Employer 's Name	Employer's Address	Date Started	Date Ended

Have you received E I Benefits since January of this year?

 NO YES

Date Benefits Started:

Date Benefits Ended:

Employment Information Spouse:Is your Spouse currently employed? Yes No

Current Occupation (Spouse):

PLEASE LIST ALL OF SPOUSE'S EMPLOYERS FOR THE PAST TWO YEARS (IF SPOUSE IS FILING)

Employer 's Name	Employer's Address	Date Started	Date Ended

Has your Spouse received E I Benefits since January of this year? (IF SPOUSE IS FILING)

 NO YES

Date Benefits Started:

Date Benefits Ended:

INCOME TAX INFORMATION:

APPLICANT'S TAX INFO		SPOUSE'S TAX INFO	
YEAR LAST RETURN FILED		YEAR LAST RETURN FILED	
AMOUNT OWING		AMOUNT OWING	
REFUND RECEIVED		REFUND RECEIVED	
REFUND PENDING		REFUND PENDING	

SINCE JANUARY 1 ST OF THIS YEAR HAVE YOU:		DETAILS:	
CASHED IN ANY RRSP	<input type="checkbox"/> NO <input type="checkbox"/> YES	DATE:	AMOUNT:
RECEIVED/PAID SPOUSAL SUPPORT	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> RECEIVED <input type="checkbox"/> PAID	AMOUNT/MONTH:
RECEIVED/PAID CHILD SUPPORT	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> RECEIVED <input type="checkbox"/> PAID	AMOUNT/MONTH:
RECEIVED ONTARIO WORKS/ ODSP	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> ONT WRKS <input type="checkbox"/> ODSP	AMOUNT/MONTH:
RECEIVED OLD AGE PENSION	<input type="checkbox"/> NO <input type="checkbox"/> YES	AMOUNT/MONTH:	
RECEIVED CPP	<input type="checkbox"/> NO <input type="checkbox"/> YES	AMOUNT/MONTH:	
IS THIS DISABILITY <input type="checkbox"/> NO <input type="checkbox"/> YES			
IS THIS RETIREMENT <input type="checkbox"/> NO <input type="checkbox"/> YES			
RECEIVED OTHER PENSION INCOME	<input type="checkbox"/> NO <input type="checkbox"/> YES	AMOUNT/MONTH:	
RECEIVED WSIB	<input type="checkbox"/> NO <input type="checkbox"/> YES	AMOUNT/MONTH:	

APPLICANT: Are you now or have you been Self Employed in the last Five (5) Years? No Yes

NAME OF BUSINESS:	TYPE OF OWNERSHIP (ie Partnership, Sole Proprietor):
BUSINESS ADDRESS:	NAMES OF PARTNERS/DIRECTORS:
NATURE/TYPE OF BUSINESS:	
Date Business Started (dd/mm/yyyy):	Date Business Ceased (dd/mm/yyyy):
ARE YOU A DIRECTOR: <input type="checkbox"/> NO <input type="checkbox"/> YES	OTHER DETAILS:
DOES THE BUSINESS HAVE EMPLOYEES/SUB-CONTRACTORS:	
DOES THE BUSINESS OWE WAGES TO EMPLOYEES:	
DOES THE BUSINESS OWE ANY SOURCE DEDUCTIONS ON WAGES:	

SPOUSE: Are you now or have you been Self Employed in the last Five (5) Years? No Yes

NAME OF BUSINESS:	TYPE OF OWNERSHIP (ie Partnership, Sole Proprietor):
BUSINESS ADDRESS:	NAMES OF PARTNERS/DIRECTORS:
NATURE/TYPE OF BUSINESS:	
Date Business Started (dd/mm/yyyy):	Date Business Ceased (dd/mm/yyyy):
ARE YOU A DIRECTOR: <input type="checkbox"/> NO <input type="checkbox"/> YES	OTHER DETAILS:
DOES THE BUSINESS HAVE EMPLOYEES/SUB-CONTRACTORS:	
DOES THE BUSINESS OWE WAGES TO EMPLOYEES:	
DOES THE BUSINESS OWE ANY SOURCE DEDUCTIONS ON WAGES:	

BANK ACCOUNT INFORMATION:

BANK: _____

ADDRESS: _____

ACCOUNT NUMBER _____

JOINT

BANK: _____

ADDRESS: _____

ACCOUNT NUMBER _____

JOINT

OTHER PERTINENT INFORMATION:

DO YOU OR YOUR SPOUSE (IF FILING) HAVE	APPLICANT	SPOUSE
A Safe Deposit Box? (if yes please provide the following information)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Where is the Box located (Name of Bank & Branch #)		
What is in the Box?		

MONTHLY INCOME AND EXPENSES MONTHLY INCOME AND EXPENSES

MONTHLY INCOME

ALLOWABLE EXPENSES

	APPLICANT	SPOUSE
Net Employment Income	_____	_____
Pensions: CPP	_____	_____
OAS	_____	_____
WSIB	_____	_____
Other	_____	_____
Child Support	_____	_____
Child Tax Benefits	_____	_____
UCCB	_____	_____
Spousal Support	_____	_____
EI Benefits	_____	_____
Ontario Works/ODSP	_____	_____
Self Employment Income	_____	_____
Other	_____	_____
TOTAL INCOME	_____ + _____	
A =	_____	

	APPLICANT	SPOUSE
Child Support	_____	_____
Spousal Support	_____	_____
Court Fines	_____	_____
Child Care	_____	_____
Medical Expenses	_____	_____
Other	_____	_____
TOTAL ALLOWABLE EXPENSES	_____ + _____	
B =	_____	
A - B =	_____	

MONTHLY EXPENSES

HOUSING

Rent/Mortgage	_____
Property Taxes	_____
Heating/Gas	_____
Phone/Cell	_____
Cable/Internet	_____
Hydro Electricity	_____
Water	_____
Furniture	_____
Other	_____
SUB TOTAL	_____

PERSONAL EXPENSES

Cigarettes	_____
Alcohol	_____
Dinning Out/Coffee	_____
Entertainment/Sports	_____
Gifts/Donations	_____
Allowances	_____
Spouse Debt Payments	_____
Other	_____
SUB TOTAL	_____

MEDICAL EXPENSES

Prescription Drugs	_____
Dental Costs	_____
Other	_____
SUB TOTAL	_____

LIVING EXPENSES

Food/Groceries	_____
Laundry/Dry Cleaning	_____
Grooming/Toiletries	_____
Clothes	_____
Other	_____
SUB TOTAL	_____

TRANSPORTATION

Car Loans	_____
Repairs/Maintenance/Gas	_____
Public Transit	_____
Other	_____
SUB TOTAL	_____

INSURANCE EXPENSES

Vehicle	_____
House	_____
Furniture	_____
Life	_____
Other	_____
SUB TOTAL	_____

TOTAL MONTHLY EXPENSES

TRUSTEE PAYMENTS

Estate - Voluntary Payment	_____	_____
Estate - Surplus Payment	_____	_____
Estate - Asset Settlement	_____	_____
SUB TOTAL	_____	_____
TOTAL EXPENSES	_____	_____

How did you hear about McLennan & Company Ltd.? (Please Mark)				
<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Internet	<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Other Advertising	<input type="checkbox"/> Other:

For Your Appointment Please Bring In:

Birth Certificate and/or Other identification (Passport, citizenship, Landed Immigrant etc)
Social Insurance Card
Prior Year Tax Assessment or Return
Creditor Statements if Available
Proof of Monthly Income (Year-to-date pay stub, bank statement, etc.)

For Your Appointment If Applicable Please Bring In:

RRSP'S, RRIF, LIRA, RESP'S, Shares, Bonds, Investments
Life Insurance Policies
House (Deed & Mortgage & Appraisal & Insurance)
Vehicle Registration & Insurance & Vehicle Loan
Co-signed or Guaranteed Loans
Separation Agreement
Court Order for Child or Spousal Support
Collection Agency Statements
Garnishments/Legal Action Documentation

Please Review The Information You And Your Spouse (If Applicable) Have Supplied On This Application Form. You And Your Spouse (If Applicable) Will Be Asked To Swear To The Truthfulness, Completeness And Accuracy Of The Information That Has Been Provided.

Please Print Name

Signature

Signed By

Signed By

Current Date

Please Print Name

Signature

Signed By

Signed by

Current Date